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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 107088085		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1		1		51				
2		1		1		1	52				
3		2		2		1	53				
4		2		2		1	54				
5		2		2		1	55				
6		2		2		1	56				
7		2		2		1	57				
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46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1				1		TOTAL IND.				
TOTAL DEP.	9				8		TOTAL DEP.				
TOTAL CLAIMS	10				9		TOTAL CLAIMS				